

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	69607	16	6-17-99
O.I.P.E. CLASSIFIER	78	71489	6-9-99
FORMALITY REVIEW	78	71489	6-16-99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	18	
2		00	
3		00	
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29	✓	00	
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Claim	Final	Original	Date
23	✓	51	
24	✓	52	
25	✓	53	
26	✓	54	
27	✓	55	
28	✓	56	
29	✓	57	
30	✓	58	
31	✓	59	
32	✓	60	
33	✓	61	
34	✓	62	
35	✓	63	
36	✓	64	
37	✓	65	
38	✓	66	
39	✓	67	
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41	✓	69	
42	✓	70	
43	✓	71	
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45	✓	73	
46	✓	74	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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